DEC 2 2 2008

**PATENT** 

Attorney Docket No.: 560

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

Avi AVRAMOFF

GROUP NO.:

4173

SERIAL NUMBER:

10/575,809

CONFIRMATION

5244

NO:

FILING DATE:

01-Nov-04

EXAMINER:

WESTERBERG,

Nissa M.

TITLE:

STABLE LANSOPRAZOLE FORMULATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

# CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R.§ 1.8

Sir:

I hereby certify under 37 C.F.R.§1.8 that the enclosed correspondence is being facsimile transmitted to the USPTO on the date indicated below to 1-571-273-8300, including this page, 1 page of fee transmittal, 1 credit card payment page, 1 page of petition for extension of time, and 22 pages of response, for a total of 26 pages.

Respectfully submitted,

Date: 22-Dec-08 Customer No. 77345 Reg. No. 40,000 Tel. No. (301) 952-1011

Fax No. (301) 952-9023

D'vorah Graeser Agent for Applicant Dr. D. Graeser Ltd 9003 Florin Way Upper Marlboro, MD

Attachment

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D'vorah Graeser

Agent for Applicant Dr. D. Graeser Ltd

9003 Florin Way

Upper Marlboro, MD

Attachment

Name (Print/Type) Dr. D'vorah Graeser

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Under the Pepchwork Reduction Act of 1995 no persons are required to Effective on 12/08/2004.	respond to a collection of infor	Complete if Known
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/575,809
FEE TRANSMITTAL	Filing Date	01-Nov-2004
For FY 2009	First Named Inventor .	Avi AVRAMOFF
FOI F1 2003	Examiner Name	WESTERBERG, Nissa M
Applicant daims small emilty status. See 37 CFR 1.27	Art Unit	4173
TOTAL AMOUNT OF PAYMENT (\$) 1550.00	Attorney Docket No.	560
METHOD OF PAYMENT (check all that apply)		
Check ✓ Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: Deposit Account Name;  For the above-identified deposit account, the Director is hereby authorized to: (check all that appty)  Charge fee(s) Indicated below  Charge fee(s) Indicated below, except for the filling fee  Charge and 4177  Charge fee(s) Credit any overpayments		
Under 37 CFR 1:16 and 1:17 WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2035.		
FEE CALCULATION		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES		
Small Entity	Small Entity         Fee (\$)         Fee           270         22           50         14	0 70
Reissue 330 165 540	270 65	0 325
Provisional 220 110 0		0 0
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Buch independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fe  HP = highest number of total claims pad for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fe  5  - 3 or HP = 2 x 220   HP = highest number of independent dalms pad for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of p  listings under 37 CFR 1.52(e)), the application size I  sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G	aper (excluding electrofee due is \$270 (\$135 fi) and 37 CPR 1.16(s).  (round up to a whole r	or small entity) for each additional 50  ion thereof <u>Fee (S)</u> <u>Fee Paid (S)</u>
Other (e.g., late filing surcharge): 3 Months Late Extensi	on Fees	\$1110.00
SÚBMITTEO BY		
Signature	Registration No. 40,000	Telephone 301-952 1011

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benealthy the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will very depending upon the inclividual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patern and Trodemark Office, U.S. Opentment of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, Call 1-800-PTO-9199 and select option 2.

Date: 22-Dec-08-

Signature

# **CENTRAL FAX CENTER**

DEC 2 2 2008

FTO/SB/17 (10-08)

Approved for use through 08/30/2010. OMB 0851-0032
U.S. Petent and Trademark Offico; U.S. DEPARTMENT OF COMMERCE Under the Penchwork Roduction Act of 1995 no persons are required to re Effective on: 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/575,809 Application Number Filing Date 01-Nov-2004 For FY 2009 AVI AVRAMOFF First Named Inventor Examiner Name WESTERBÉRG, Nissa M Applicant claims small entity status. See 37 CFR 1.27 Art Unit 4173 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 560 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): None. Deposit Account Deposit Account Number, Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1:16 and 1:17
WARNING: Information on this form may become public. Crodit card information should not be included on this form. Provide credit card WARNING: Information on this form may be information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Fee (\$) Fee (\$) Fees Paid (\$) **Application Type** Fec (5) Fee (\$) Fee (\$) Foo (\$) 330 Utility 540 220 165 270 110 220 50 140 70 Design .110 100 220 110 330 170 85 **Plant** 165 Reissue 330 165 540 270 650 325 Provisional 220 110 n 0 Small Entity 2. EXCESS CLAIM FEES Fee (5) Fee\_(\$) Fee Description Each claim over 20 (including Reissues) 52 · 26 . 220 110 Each independent claim over 3 (including Reissues) 195 Multiple dependent claims 390 **Multiple Dependent Claims** Total Claims Fee Paid (5) Extra Claims Fee (\$) - 20 or HP = Fee Paid (\$) Feq (\$) HP = highest number of total claims paid for, if greater than 20. indep. Claims Extra Claims Fee (\$) Fee Pald (\$) 220. 440 HP = highest number of independent daims paid for, if greater than 3, **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CPR 1.16(s).

Total Sheets Number of each additional 50 or fraction thereof Fee (S) /50= (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$1110.00 Other (e.g., late filing surcharge): 3 Months Late Extension Fees SUBMITTED BY Registration No. 40,000 Telephone 301-952 1011

Date: 22-Dec-08 Name (Print/Type) Dr. D'vorah Graeser This collection of information is required by 37 CFR 1.136. The information is required to obtain or resist a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will very depending upon the including case. Any comments on the amount of time you require this form and/or suggestions for reducing this burden, should be sent to the Chief information officer. U.S. Patient and Troctemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

(Attorney/Agent)

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